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**TB CARE I**

# **TB CARE I**

## **Dominican Republic**

**Year 2**  
**Quarterly Report**  
**April-June 2012**

**July 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Dominican Republic</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	30 July 2012
<b>From</b>	Luis Alberto Rodriguez
<b>To</b>	Damani Goldstein
<b>Reporting Period</b>	<b>May-June 2012</b>

<b>Technical Areas</b>	<b>% Completi</b>
1. Universal and Early Access	11%
3. Infection Control	6%
4. PMDT	0%
6. Health Systems Strengthening	14%
7. M&E, OR and Surveillance	0%
<b>Overall work plan completion</b>	<b>6%</b>

### Most Significant Achievements

During this short period the integration of the Army's Hospital and School Teachers Hospital Stop TB Committees was possible. This opens a great opportunity to develop activities with the population of the hospitals and their institutions. SEMMA is the Medical Center for Teachers of elementary, primary and high school, with over 60,000 members. The Army's General Hospital is the main facility for health services to Army members and their families. Their core business is outpatient with over 3,000 visits per month.

Another highlight is the preliminary agreement with Ministry of Labor (MoL). Coordination between MoL and TB CARE I has begun to include basic TB IC Measures and Airborne Control in Congregated Settings Information in the curricula of the School of Hygiene and Safety of the Ministry of Labor for the training of their Supervisors. MoL has the responsibility to ensure that workers perform their duties in a safe and sanitized space. For the first time such information could be included as part of the requirements to the corporate sector to take into account. Sensitization meeting was held with Managerial and Technical Level Staff. Further collaboration with MoL and MoH is needed for consolidation.

### Overall work plan implementation status

The implementation of the activities was very low during this period, since the country was in the Presidential Election process, government offices were not working full time affecting the coordination and implementation of activities. Also the project is on the second month, since APA-2 is an irregular period for TB CARE I in the Dominican Republic. APA-1 finished in April, normally APA-2 should have started in this month. Planning and coordination meetings were some of the most relevant activities during this period, however these are critical for the implementation of the activities planned, specially during the phase out period.

### Technical and administrative challenges

TB CARE I currently lacks of one Technical Officer for field work. Most highly skilled professionals suitable for this position are not currently available for the short project period remaining (activities stop in December 2012). Current M&E Officer is being proposed to be moved to this position (Technical Officer).

The project has improved the quality of the reporting, however there are challenges in the time the reports are being delivered. It is being sought for a professional to take the M&E position to guarantee

### In-country Global Fund status and update

Global Fund Project Round 7 is currently being implemented with a category B-1 and availability of funds (USD\$ 6,908,686.17) guaranteed until 2015. Recently GF approved RCC with a budget of USD\$ 5,622,240.70, also until 2015.

## Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.4 [OUTPUT] Number of TB suspects Description: Number of TB Suspects detected in project provinces and areas of Santo Domingo Indicator Value: Number (disaggregated by gender) Level: Selected provinces and areas. Source: Provincial Quarterly Reports Means of Verification: TB register Numerator: Number of Suspects	44439	2011	46,661	2012	N/D	N/A	Data collection is ongoing by NTP. This data will be available by mid August.
	1.1.5 [OUTPUT] Number of TB cases (all forms) Description: Number of TB cases (all forms) reported in project provinces and areas of Santo Domingo Indicator Value: Number (disaggregated by gender) Level: Selected province and areas. Source: Provincial Quarterly Reports. Means of Verification: TB Register Numerator: Number of TB cases (all forms)	3554	2011	3,732	2012	N/D	N/A	Data collection is ongoing by NTP. This data will be available by mid August.
	1.1.6 [OUTPUT] Number of people calling TB hotline Description: Number of persons calling the TB information hotline. Indicator Value: Number (disaggregated by gender) Level: National Source: Call Center Monthly Report Means of Verification: Call Center Monthly Report Numerator: Number of calls	0	2011	2000	2012	N/D	TB Information Service is included in the government's hotline.	Call registration needs to be segregated, since the hotline groups all "health related calls", it is not possible to see the amount of calls about TB. During the next quarter TB CARE I will pursue to have the TB Calls separate from the rest of the calls for better monitoring of the initiative.

	1.1.7 [OUTPUT] Number of TB publications or broadcast with people centered approach Description: Health journalists publishing TB with people centered approach Indicator Value: Number Level: National Source: Press publications, videos, recording Means of Verification: monitoring press releases, broadcasted programs Numerator: number of PC oriented TB publications/broadcasting	1	2011	50	2012	0	This activity is planned for next quarter.	Communication officers of Profamilia have been sensitized to serve as linkages between the project and the sector of journalists. During July-August coordination meetings will be held.
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### Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	16% (2/12)	2011	100% (12/12)	2012	4	4 sites have finished the development of their plans including the budget and monitoring system.	Follow up with IC Focal person and IC committee the implementation of the plans and develop of the plans in the remaining 6 sites.
	3.2.3 [OUTPUT] Implementation of IEC IC strategy Indicator Value: percent Level: TB CARE targeted facilities Source: Supervision report Means of Verification: Supervision Report Numerator: Number of health facilities applying IC IEC strategy Denominator: Total number of targeted health facilities	16% (2/12)	2011	100% (12/12)	2012	0	This activity is planned for next quarter.	The National IC Committee has conducted 3 coordination meetings for the design and selection of the messages about IC. Also, during July TB CARE I will host a TA Mission with PMU IC Officer and KNCV ACSM Expert who will be looking at this.
3.4 Improved TB-IC human resources	3.4.1 Health staff of involved facilities applying IC measures Description: Health staff of involved facilities applying IC measures Indicator Value: Percent Level: Targeted facilities Source: Supervision Reports Means of Verification: Supervision Reports Numerator: Number of health staff applying IC measures Denominator: Number of trained health staff of involved facilities in IC	50% (50/100)	2011	100% (125)	2012	37 (16 masc/21 fem)	37 people (16 masc, 21 fem) participated in sensitization activities within the health care facilities to raise awerness about participating in the implementation of IC measures.	Follow up with IC Focal person and IC committees the integration of other key staff in the upcoming trainings.

**Technical Area 4. PMDT**

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	69%	2008	72%	2012	N/D	N/A	This data is not available at the moment. Patients have a 2 year minimum treatment period, therefore is not possible to give this data in the actual reporting system for the project.
	4.1.5 [OUTPUT] Trained TB staff in MDR case management with proper performance Description: Trained TB staff in MDR case management with proper performance. Proper performance is defined as staff having the necessary skills to continue applying the treatment to these patients, identify warning signs for timely referral and give the necessary support to patients to try to avoid abandonment. Indicator Value: number Means of Verification: survey Numerator: number of trained TB staff in MDR case management with proper performance	109	2011	50	2012	0	This activity is planned for next quarter.	Coordination meetings will take place with NTP PMDT focal person to design the curriculum and select the staff that will participate in the trainings.

**Technical Area 6. Health Systems Strengthening**

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of	6.1.4 [OUTPUT] Number of Provinces and Areas where Photovoices is Exhibited Description: Number of provinces and areas where Photovoices is Exhibit Indicator Value: Number Level: Provincial and institutional Source: Exhibit Report Means of Verification: Exhibit Reports Numerator: Places where exhibit took place Denominator: Planned Provinces, areas and Public and Private Relevant Institutions.	3	2011	20	2012	0	This activity is planned for next 2 quarters.	Coordination with the DRS/DAS, Stop TB Committees and the Chamber of Representatives will take place during July to define the places and route where the exhibit will be displayed.








Engagement of partners	6.1.5 [OUTPUT] Percentage of patients integrated into Social Assistance Programs Description: Social Support to TB patients through Government's Social Department Indicator Value: Percentage Level: National Source: Registers of SIUBEN Means of Verification: Registers of SIUBEN Numerator: Number of TB Patients Integrated Denominator: Total number of TB Patients	0	2011	15%	2012	0	This activity is planned for next 2 quarters.	A total of 3 people were interviewed to be hired as responsible for the completion of this activity.
	6.1.6 [OUTPUT] Number of Free Zone Industries involved in TB Control. Description: Number of Free Zone Industries involved in TB Control. Indicator Value: Number Level: National Source: Registered Agreements Means of Verification: Registered Agreements Numerator: Number of Free Zone Industries	1	2011	10	2012	0	Preliminary agreement with the Ministry of Labor (MoL) to include in their National School For Hygiene and Safety a curriculum to train the supervisors in TB IC basic measures for congregated settings. Coordination meetings have been held with the Ministry of Labor and NTP to ensure the participation of other industries in the duty free zone.	It has been coordinated with MoL and NTP to have meetings and site visits with the Consultants for the TA Mission in July to enhance the pilot with IC measures in congregated settings. This strategy needs to be discussed in depth with NTP and develop the curricula along with NTP participation.
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	Not Available	2011	30	2012	5	The planned supervision visits were performed by TB CARE I, but New guidelines for Supervision are being implemented by NTP, these are different from previous guide used by TB CARE I. New training will be needed for TB CARE I Staff for the implementation of the new guideline.	TB CARE I has agreed with NTP to provide support in the data analysis of the supervisions. Originally 2 TB CARE I Technical Officers were doing the supervisions, however this is in addition to other tasks they are assigned of more relevance to the project. It is highly recommended that supervisions are not longer pursued by TB CARE I project during the phase out period with the new supervision guide, but continue to verify the project's implementation activities as part of the M&E tasks.



	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	Not Available	2011	40	2012	0	This activity is planned for next 2 quarters.	The total number of people to be trained is 940 people. The training activities include TB Services, Hotline staff, Postal Service Messengers, Technical Staff and Journalists.
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## Technical Area 7. M&E, OR and Surveillance



Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
7.1 Strengthened TB surveillance	7.1.4 [OUTPUT] Number of Epidemiological Bulletins Published Description: Development and Publishing of a TB Epidemiological Bulletin in partnership with NTP. Indicator Value: Number Level: National Source: NTP Means of Verification: Publication of Bulletins Numerator: Number of bulletins published	1	2011	2	2012	0	This activity is planned for next 2 quarters.	Coordination meetings with NTP to review, analyze and validate data.
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	Not available	2011	1	2012	0	This activity is planned for November 2012.	During next quarter Dr. Joke Langbroek Head of ACL Unit From KNCV HQ will visit the DR (July-August 2012) to begin coordination towards the implementation of this activity.





## Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Consolidate 2 Community Involvement Models -Urban and Rural.	KNCV	46.099	 25%	Nov	2012	Based on the experiences in urban areas, the model has been piloted in rural areas where it has been developed in 2 different models. Description of these models, including the methodology is in draft form and will be reviewed during the TA visit by Dr. Netty Kamp ACSM Expert From KNCV HQ in July 2012, comparing the models during field visits and collecting relevant data for
	1.1.2	Consolidate the pharmacies and shopkeepers (colmados) in selected areas.	KNCV	15.298	 25%	Sept	2012	Data have been collected at the health facilities where farmacies and colmados are referring to. The data still need to be revised and analysed, which will be done during the TA mission in July. In the next quarter contacts will be sought an agreement with PROMESE/CAL, the government network of pharmacies, selling affordable medicines including generic drugs, to engage them in this collaborative intervention to increase early detection through referrals of suspects by
	1.1.3	Documentation and International publication of the DR Pharmacies Case Study through the "TB CARE Core Project:	KNCV		 0%	Nov	2012	After revision of the data mentioned in 1.1.2 and description of the intervention, a case study will be written based on the data to be reviewed by WHO for inclusion in the PPM tool "Engaging pharmacists in TB Care and Control" as part of the PPM toolkit.
	1.1.4	National Publication of Pharmacies and	KNCV		 0%	Nov	2012	To be submitted to a journal at end of year when all data are available
	1.1.5	TB Information Hotline Established.	KNCV	4.120	 25%	Jun	2012	The TB hotline is established with the government information line and functional. Monitoring of the number of calls has been delayed as the report sent by the organization OPTIC hosting the hotline, implementing the service, did not disaggregate the TB related calls from all the health and Ministry of Health related calls recived in the last period. The project is negotiating on how to get these specific TB data. Follow up training to hotline staff is planned for next quarter.
	1.1.6	Audiovisual Material available based on Photovoices Experience.	KNCV	11.468	 10%	Sept	2012	Preparative contacts have been established with the producer to initiate the first meetings on design and messaging during TA visit in July.
	1.1.7	TB information booklets distributed through National Postal Service to General Population	KNCV	5.792	 0%	Aug	2012	The photovoices images which will be used to be reproduced as postcards, including the quotes of the patients, have been selected. The Postal Service has requiered a document proposal explaining the strategy from TB CARE I to proceed with agreement.








	<b>1.1.8</b>	Health Journalist sensitized in Person Centered Approach in TB using Photovoices Strategy	KNCV	14.700	 0%	Sept	2012	This activity is planned for next quarter.
					 <b>11%</b>			




3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	<b>3.2.1</b>	Refurbishment of 5 prioritized health facilities having their IC plan made in APA1	KNCV	59.066	 0%	Nov	2012	The refurbishments are planned for next quarter. Coordination meetings with NTP IC Officer and Global Fund have been held to coordinate these activities.
	<b>3.2.2</b>	Develop IEC strategy and material to support IC measures within health facilities	KNCV	1.155	 0%	Jul	2012	This activity is planned for next quarter. Input from TA Visit is essential for the development of this materials.
	<b>3.2.3</b>	Develop a Model Hospital in IC at national level	KNCV	625	 10%	Sept	2012	During the site visits it has been evident that in the Hospital Cabral y Baez(Santiago de los Caballeros) there are conditions to develop the Model Hospital. Cabral y Baez is Teaching Hospital, is also the largest hospital of the country, has experience in training people from the region and has identified 27 cases of TB among HCW during the last 5 years. During the TA Visit in July, it will be presented to the Hospital's IC Committee and NTP.
	<b>3.2.4</b>	Develop a practical planning guide for implementing IC measures in health facilities	KNCV	901	 0%	Sept	2012	This activity is planned for next quarter. Input from TA Visit is essential for the development of this guide.
	<b>3.2.5</b>	TA Infection Control	KNCV	31.898	 0%	July	2012	In July Dr. Max Meis, IC expert of TBCARE1 PMU and Dr. Netty Kamp, ACSM Expert and Project Advisor will give TA during a short visit to 2 Helth Services and Duty Free Zone, also to Ministry of Labor and NTP.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date





3.4 Improved TB-IC human resources	<b>3.4.1</b>	Training (5 health facilities) and mentoring (all 12 facilities) in basic IC measures, IC Concepts and IC Planning to health staff in the rehabilitated health facilities	KNCV	2.666	 25%		2012	During this quarter 6 health facilities were visited for follow up and supervision of the implementation of the action plans. 37 people were sensitized in IC policies (16 masc y 21 fem), update information about planned activities and IC Plans relevance. Also promote the integration of HCW from the different areas of the health care facilities to adopt IC measures.
					 6%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	<b>4.1.1</b>	Training of health personnel in selected health facilities in case management of DR-TB according to updated guidelines	KNCV	3.953	 0%	Sept	2012	During APA1 the guidelines were updated and are still pending to be validated by the Department of Norms and Regulations of the Ministry of Health. The training of the guidelines is therefore still pending.
	<b>4.1.2</b>	Production of Audiovisual materials based on "Photovoices" experience and as a complimentary tool for MDR patient adherence and default prevention.	KNCV	18.514	 0%	Sept	2012	Next quarter, during TA visit by Dr. Netty Kamp ACSM Expert From KNCV HQ, the first meeting will start with the producer and the KNCV team for the design of the scripts.
	<b>4.1.3</b>	Assessment of the culture samples chain from the delivery service point to the Reference Lab and the Return of Results; Design of efficient flowchart.	KNCV	30.000	 0%	Jun	2012	This activity was cancelled by NTP. This activity will not be reallocated because there was an over estimation of the take over from APA-1.
					 0%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	

6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Politicians and other high and middle level decision makers sensitized through advocacy strategy using "Photovoices".	KNCV	10.228	 10%	Oct	2012	In the last quarter of APA1, during the Photovoices exposition at the Camera of Deputies, its president was committed to promote the travelling of the exposition to other provinces. Due to the election campaigns, culminating in the May presidential elections, these kind of activities have been put on hold. In the next quarter the process will be continued and also through other channels the project provinces and municipalities will be approached to host the exposition and strengthen this way the Stop TB activities. Provinces with stop TB committees will be encouraged to take the lead in this process.
	6.1.2	Arrange the integration of 15 - 20% of reported TB patients into Social Assistance Programs.	KNCV	3.184	 0%	Nov	2012	Will start next quarter using the recommendations of TA visit by Dr. Netty Kamp ACSM Expert From KNCV HQ.
	6.1.3	Expand the involvement model in TB control of Duty Free Zone Industries, as introduced in San Pedro province, to Santo Domingo and Santiago provinces	KNCV	2.594	 0%	Sept	2012	Sensitization and training of 19 (5 male and 14 female) people (managerial and technical level staff) was provided in the Ministry of Labor. Coordination meetings have been held with the Ministry of Labor and NTP to ensure the participation of other industries in the duty free zone. It has been coordinated with MoL and NTP to have meetings and site visits with the Consultants for the TA Mission in July to enhance the pilot with IC measures in congregated settings.
	6.1.4	To expand the developed pharmacy involvement model country wide a formal alliance will be established with the National Pharmacy Association.	KNCV	6.412	 0%	Sept	2012	This activity is planned for next quarter.
	6.1.5	Present and share successful interventions at the Union Conference 2012	KNCV	19.555	 0%	Nov	2012	To be prepared in the coming months and presented at ACSM sub group meeting previous to Union Conference.
	6.1.6	TA for ACSM	KNCV	33.189	 0%		2012	TA mission by Dr. Netty Kamp ACSM Expert From KNCV HQ, will be done in July, see also under other activities what is expected
	6.1.7	TB Care Meetings/Workshops	KNCV	10.590	 100%	Jun	2012	End of June a 10 days meeting week at KNCV HQ has been attended by the Project Manager and week meeting by Financial manager, with overlap to assure a meeting for combined teams. The purpose of the meetings was to discuss country advances and challenges, exchange experiences with other countries, plus training and update in technical areas of interest (ACSM, HSS, IC, Managerial skills).

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Supervision and follow up to selected provinces.	KNCV	3.557	 16%	Dec	2012	5 supervisions were done during this period in Santo Domingo and Monte Plata Province to improve the quality of services, however NTP has published a new Supervision Guide and has hired with Global Fund support, 5 supervisors. TB CARE I has agreed with NTP to provide support in the data analysis of the supervisions.
	6.2.2	Management training and mentoring course focused on local management at provincial level for DRS/DPS and Provincial TB coordinators in 2 Regions.	KNCV	23.614	 0%	Jul	2012	This activity is requested to be cancelled by Country Office: 1) The upcoming changes in governments cabinet will produce a change in the staff at the provincial level; 2) NTP and Global Fund has hired an NGO to develop a project in 40 prioritized services, the DPS/DRS and TB Coordinators, most of which were planned for this training, it is not clear the difference between this activity and the activity presented by NTP and Global Fund.
					 14%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Produce periodic Epidemiological Bulletins	KNCV	3.465	 0%		2012	Meetings with NTP and partners for data analysis and discussion have taken place to prepare the necessary information to produce the bulletins.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Refreshing training of analysis and management of data.	KNCV	4.075	 0%	Nov	2012	This activity is planned for last quarter of implementation of APA-2 (Oct-Dec 2012).
	7.2.2	End of project meeting	KNCV	9.689	 0%	Dec	2012	This activity is planned for last quarter of implementation of APA-2 (Oct-Dec 2012).
					 0%			

## Quarterly MDR-TB Report

Country	Dominican Republic
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Period	APRIL-JUNE 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	108	108
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	85	85
Jan-Mar 2012		
Apr-Jun 2012	54	56
To date in 2012	54	56

## Quarterly GeneXpert Report

Country	Minican Republic	Period	APRIL-JUNE 2012
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**Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. July 2012)
	Jan-Dec 2011	Jan-Jun 2012	Cumulative Total		
# GeneXpert Instruments	0		0		
# Cartridges	0		0		

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	1				
	2				
	3				
	4				
	5				

\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)  
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Procurement of GeneXperts was cancelled due to requirement of NTP. According to various evaluations including CDC's in November 2011, it was considered that the country does not meet the characteristic needed to implement such technology, sustainability remains also as a question, plus there is an underutilized processing capacity of samples for resistance with currently available methods in the

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

**Quarterly Photos (as well as tables, charts and other relevant materials)**



Inauguration of the Stop TB Committee of the Armed Forces General Hospital



Inauguration of the Stop TB Committee of the SEMMA Hospital with the participation of NTP Director



Sensitization meeting held with Managerial and Technical Level Staff at the Ministry of Labor

[illegible]

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value, where a recipient compensated TB CARE I for its share. Attach supplementary info